



GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES OTHER THAN A MINOR TRAFFIC INFRACTION?

YES ☒ NO St. Matthew's now requires a local criminal activity report. (IF THE ANSWER IS YES PLEASE ATTACH A FULL EXPLANATION ON A SEPARATE PAGE.)

HAVE YOU EVER BEEN SUSPENDED, DISMISSED, OR FORCIBLY WITHDRAWN FROM AN INSTITUTION FOR NONACADEMIC REASONS? YES ☒ NO (IF THE ANSWER IS YES, PLEASE ATTACH A FULL EXPLANATION ON SEPARATE PAGE.)

ETHNIC BACKGROUND: (REQUIRED FOR STATE AND FEDERAL REPORTING)

American Indian or Alaskan
Native
Arabic
Black
Chinese
Egyptian
Filipino
Greek
Hawaiian
Hispanic-Mexican American
or Chicano

Hispanic-Other (including
Cuban)
Hispanic- Puertorican-
Common Wealth
Hispanic- Puertorican-
Mainland
Israeli
Japanese
Korean
Middle-Eastern
Other Asia

Other Pacific Islander
S.E. Asian but not
Vietnamese
Syrian
Turkish
Vietnamese
White
Other (specify country):

WHAT IS YOUR FIRST LANGUAGE: English

WHERE DID YOU FIRST LEARN ABOUT ST. MATTHEW'S UNIVERSITY:

Advertisement
Email
Facebook
Family Member _____
Friend _____
Graduation Fair
Health Professions Advisor _____
Internet
Letter
Veterinary Professional

Vet School Poster
Postcard
Preview Event
Search Engine
SMU Applicant
SMU Faculty
SMU Graduate
SMU Student
Test Preparation Vendor

FINANCIAL AID INFORMATION: DO YOU PLAN TO APPLY FOR FINANCIAL AID ☒ YES ☐ NO

FAMILY COLLEGE HISTORY: HAS ANY MEMBER OF YOUR FAMILY RECEIVED A D.V.M DEGREE? IF SO, WHAT IS THEIR RELATIONSHIP TO YOU? NO

PAYMENT INFORMATION: A \$75.00 application fee must accompany this form.

METHOD OF PAYMENT: ☒ CHECK ☐ MONEY ORDER ☐ CREDIT CARD (ONLY VISA OR MASTERCARD)

IF CREDIT CARD, WHAT TYPE: ☐ VISA ☐ MASTERCARD

CREDIT CARD NUMBER _____ EXPIRATION DATE: _____
(Month/Year)

CERTIFICATION STATEMENT

The filling out and mailing of this form acknowledges that I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in St. Matthew's University. With this in mind, I certify that the above statements and information provided are correct and complete.

I give permission to St. Matthew's University, School of Veterinary Medicine to charge my Credit Card for application fee purposes only. AD (please initial)

No person shall be excluded from participation in, denied benefits of, or be subject to discrimination under any program or activity sponsored or conducted by St. Matthew's University, on any basis prohibited by applicable law, including but not limited to, race, color, national origin, sex, age, or handicap.

I will be bringing family (spouse, kids) with me when classes start ☐ Yes ☒ No (Note: this is for housing purposes only)

I give permission for St. Matthew's University to use photos of me in materials that enhance the university image.

AD
SIGNATURE OF APPLICANT

Sept. 15, 2010
DATE